

**CHAPTER 13 PLAN**  
**UNITED STATES BANKRUPTCY COURT**  
**SOUTHERN DISTRICT OF MISSISSIPPI**

Debtor: Margaret A. Smith SS# XXX-XX- 5636 Current Monthly Income \$ 2,792.64  
 Joint Debtor: N/A SS# XXX-XX- \_\_\_\_\_ Current Monthly Income \$ \_\_\_\_\_  
 Address: 54 Jefferson Rd., Wiggins, MS 39577 No. of Dependents: 0

*Any Federal or State Tax Refund, including Earned Income Credit (EIC), that exceeds the exemption to which the Debtor(s) is/are entitled shall be transmitted to the Chapter 13 Trustee for application to any unsecured claims, and, if paid in full, to the base amount of the Plan.*

**THIS PLAN DOES NOT ALLOW CLAIMS. Creditors must file a Proof of Claim to be paid under any Plan that may be confirmed, and the treatment of all secured/priority debts must be provided for in this Plan.**

**PAYMENT AND LENGTH OF PLAN**

The Plan period shall be for a period of 60 months, not to exceed sixty (60) months. Debtor or Joint Debtor will make payments directly to the Trustee ONLY if self-employed, unemployed, or the recipient of government benefits.

(A) Debtor shall pay \$ 1,317.00 per ( monthly / semi-monthly / weekly / bi-weekly ) to the Chapter 13 Trustee.

A payroll deduction order will be issued to the Debtor's employer @: Bedford Care Center

300 Cahal St.

Hattiesburg, MS 39401

(B) Joint Debtor shall pay \$ N/A per ( monthly / semi-monthly / weekly / bi-weekly ) to the Chapter 13 Trustee.

A payroll deduction order will be issued to the Debtor's employer @: N/A

**PRIORITY CREDITORS.** Filed Claims that ARE NOT disallowed and are to be paid in FULL:

IRS \$ N/A @ \$ \_\_\_\_\_ per month State Tax Commission \$ N/A @ \$ \_\_\_\_\_ per month  
 Other \$ N/A @ \$ \_\_\_\_\_ per month Other \$ N/A @ \$ \_\_\_\_\_ per month

**DOMESTIC SUPPORT OBLIGATIONS (POST-PETITION) DUE TO:**

N/A

Beginning \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ per month  
 shall be paid \_\_\_\_\_ direct \_\_\_\_\_ through payroll deduction \_\_\_\_\_ through the Plan

**PRE-PETITION DOMESTIC SUPPORT ARREARAGE CLAIM DUE TO:**

N/A

Arrearages in the amount of \$ \_\_\_\_\_ shall be paid @ \$ \_\_\_\_\_ per mo.  
 \_\_\_\_\_ through payroll deduction \_\_\_\_\_ through the Plan

**HOME MORTGAGE(S)**

Mtg Pmts to: Chase Home Finance Beginning: March, 2011 @ \$ 673 / mo. ( ☐ ) Plan ( ☐ ) Direct  
 Mtg Pmts to: \_\_\_\_\_ Beginning: \_\_\_\_\_ @ \$ \_\_\_\_\_ / mo. ( ☐ ) Plan ( ☐ ) Direct  
 Mtg Pmts to: \_\_\_\_\_ Beginning: \_\_\_\_\_ @ \$ \_\_\_\_\_ / mo. ( ☐ ) Plan ( ☐ ) Direct  
 Mtg Arrears to: Chase Home Finance Through: February, 2011 \$ 3,365.00 @ \$ 56.08 per mo.  
 Mtg Arrears to: \_\_\_\_\_ Through: \_\_\_\_\_ \$ \_\_\_\_\_ @ \$ \_\_\_\_\_ per mo.  
 Mtg Arrears to: \_\_\_\_\_ Through: \_\_\_\_\_ \$ \_\_\_\_\_ @ \$ \_\_\_\_\_ per mo.

Debtor's Initials MAS  
 Joint Debtor's Initials \_\_\_\_\_

CASE NO.:

**SECURED CLAIMS.** Creditors that have filed claims that are not disallowed are to retain lien(s) under 11 U.S.C. 1325(a)(5)(B)(i) until the Plan is completed and be paid as secured claimant(s) the sum set out in the column "Total Amt. to be Paid" or pursuant to Order of the Court. That portion of the claim not paid as secured shall be paid as an unsecured claim.

<u>Creditor's Name</u>	<u>Collateral</u>	<u>Approx. Amt. Owed</u>	<u>Value</u>	<u>Intrst. Rate</u>	<u>Total Amt. To Be Paid</u>	<u>Monthly Payment</u>
Chase Auto (not 910)	07 Nissan Altima	11,125.25	13,838.00	7%	13,217.40	220.29
				7%		
				7%		
				7%		
				7%		
				7%		
				7%		

**SPECIAL CLAIMANTS.** (Co-signed debts, collateral for abandonment, etc.) ON ABANDONED COLLATERAL, DEBTOR TO PAY ZERO ON SECURED PORTION OF DEBT. Where proposal is for payment, the creditor must file a Proof of Claim in order to receive proposed payment.

<u>Creditor's Name</u>	<u>Collateral or Type of Debt</u>	<u>Approx. Amt. Owed</u>	<u>Proposal to be Paid</u>
N/A			

**SPECIAL PROVISIONS** for all payments to be paid through the Chapter 13 Plan, including, but not limited to, adequate protection payments: N/A

**UNSECURED DEBTS** totaling approximately \$ 30,822.65 are to be paid in deferred payments to Creditors that have filed claims that are not disallowed: IN FULL or 40 % (PERCENT) MINIMUM.

Total Attorney Fees Charged \$ 2,800.00  
 Attorney Fees Previously Paid \$ 1,020.00  
 Attorney Fees to be Paid through the Plan \$ 1,780.00

Pay administrative costs and Debtor's attorney fees pursuant to Court Order and/or local rules.

Name/Address/Phone # of Vehicle Insurance Co./Agent:  
 Nationwide Insurance - Daniel Wise, Agent  
 P.O. Box 329  
 Poplarville, MS 39407  
 Telephone: (601)795-2959  
 Fax: \_\_\_\_\_

Attorney for Debtor (Name/Address/Phone #/Email):  
 David L. Lord and Associates, P.A.  
 2300 24th Avenue  
 Gulfport, MS 39501  
 Telephone: (228) 868-5667  
 Fax: (228) 868-2554  
 Email: lordlawfirm@bellsouth.net

DATE: 15-Feb-11

DEBTOR'S SIGNATURE: \_\_\_\_\_

JOINT DEBTOR'S SIGNATURE: \_\_\_\_\_

ATTORNEY'S SIGNATURE: \_\_\_\_\_

/s/ Margaret A. Smith *Margaret A. Smith*

/s/ \_\_\_\_\_

/s/ David L. Lord

Debtor's Initials MAP  
 Joint Debtor's Initials \_\_\_\_\_